

Fine, Steven Scott
(Born: 1963)

ABMS Primary Source Data

AMERICAN BOARD OF FAMILY MEDICINE
CERTIFICATION(S):

Family Medicine 07/08/1994 - 12/31/2001, 07/14/2000 - 12/31/2007

Diplomate Self Reported Data

EDUCATION:
(1989, MD)

ADDRESS (Mail, Primary):
2717 NW 79th Ave
Margate, FL 33063-8154 (Broward County)

Practitioner Profile

Information in this profile has been verified by the practitioner.

STEVEN SCOTT FINE

LICENSE NUMBER: **ME63855**

Profession: **MEDICAL DOCTOR**

Year Began Practicing: **1/1/1993**

Expiration Date: **1/31/2009**

Status: **CLEAR/ACTIVE**

Primary Practice Address

STEVEN SCOTT FINE
5901 COLONIAL DR
STE #302
MARGATE, FL 33063

Secondary Address(es)

No secondary address available.

Medicaid

This practitioner does participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

| | |
|-------------------------|------------------------------|
| Institution Name | CORAL SPRINGS MEDICAL CENTER |
| City | CORAL SPRINGS |
| State | FLORIDA |

| | |
|-------------------------|--------------------------|
| Institution Name | NORTHWEST MEDICAL CENTER |
| City | MARGATE |
| State | FLORIDA |

| | |
|-------------------------|--|
| Institution Name | UNIVERSITY HOSPITAL AND MEDICAL CENTER |
| City | TAMARAC |
| State | FLORIDA |

E-Mail Address

Please contact at: **drfinst@aol.com**

Other State Licensure

This practitioner has indicated the following additional state licensure:

| | |
|-------------------|-------------------|
| State | NEW YORK-INACTIVE |
| Profession | MEDICAL |

Education and Training

| | |
|----------------------------|-------------------------|
| Institution Name | ST. GEORGE'S UNIVERSITY |
| Dates of Attendance | 1/1/1985-7/1/1989 |
| Graduation Date | 7/1/1989 |
| Degree Title | MD |

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

| | |
|-----------------------------|------------------------|
| Program Name | LONG ISLAND JEWISH |
| Program Type | INTERNSHIP |
| Specialty Area | IM - INTERNAL MEDICINE |
| Other Specialty Area | |
| City | NEW HYDE |
| State or Country | NEW YORK |
| Dates Attended From | 07/01/1989 |
| Dates Attended To | 06/30/1990 |

| | |
|-----------------------------|----------------------|
| Program Name | SOUTHSIDE HOSPITAL |
| Program Type | RESIDENCY |
| Specialty Area | FP - FAMILY PRACTICE |
| Other Specialty Area | |
| City | *** |
| State or Country | NEW YORK |
| Dates Attended From | 07/01/1990 |
| Dates Attended To | 06/30/1993 |

Academic Appointments

This practitioner has had the responsibility for graduate medical education within the last 10 years.

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

| | |
|--------------------|--|
| Title | PRECEPTOR |
| Institution | UNIVERSITY OF MIAMI SCHOOL OF MEDICINE |
| City | MIAMI |
| State | FLORIDA |

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board AMERICAN BOARD OF FAMILY MEDICINE
Certification FP - FAMILY PRACTICE

Financial Responsibility

I have elected not to carry medical malpractice insurance, however, I agree to satisfy any adverse judgements up to the minimum amounts pursuant to s. 458.320(5)(g) 1 or 459.0085(5)(g)1, F. S. I understand that I must either post notice in the form of a "sign" prominently displayed in the reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5)(g) or 459.0085(5)(g), F. S.

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public.

This practitioner has indicated that he/she has NO criminal offenses.

Information provided is currently under review, please check back within 45 days to check status.

Final Disciplinary Actions (Within last 10 years)

For instructions on how to order copies of final disciplinary actions, please go to http://www.doh.state.fl.us/mqa/clientserv/records_request.htm

This information has been reported by the Department of Health:

| | |
|---|------------------------------|
| Taken By | FLORIDA DEPARTMENT OF HEALTH |
| Date | 9/18/2000 |
| Description of Disciplinary Action | Obligations Imposed |
| Under Appeal | N |
| Type | Fine |
| Imposed | 9/18/2000 |
| Due | 11/17/2000 |
| Completed | 10/12/2000 |
| Amt Due | \$2,000.00 |
| Amt Recvd | \$2,000.00 |
| Type | Costs |
| Imposed | 9/18/2000 |
| Due | 9/17/2001 |
| Completed | 1/5/2001 |
| Amt Due | \$1,815.00 |
| Amt Recvd | \$1,815.00 |

| | |
|-----------|--------------------------|
| Type | Quality Assurance Review |
| Imposed | 9/18/2000 |
| Due | 3/17/2001 |
| Completed | 6/12/2001 |
| Amt Due | \$0.00 |
| Amt Recvd | \$0.00 |
| Type | Continuing Education |
| Imposed | 9/18/2000 |
| Due | 9/17/2001 |
| Completed | 10/17/2000 |
| Amt Due | \$0.00 |
| Amt Recvd | \$0.00 |

This information is self reported by the practitioner:

Final disciplinary action taken by a specialty board within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

Resigned from or had any medical staff privileges restricted or revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center:

This practitioner has indicated that he/she has NEVER been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 (Within last 10 years).

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services.

To check their web site, please click [here](#).

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

| | |
|--------------------------------------|-------------------------------------|
| Community Service/Award/Honor | FELLOW |
| Organization | AMERICAN ACADEMY OF FAMILY PRACTICE |

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

| | |
|--------------------|-------------------------------------|
| Affiliation | AMERICAN ACADEMY OF FAMILY PRACTICE |
| Affiliation | BROWARD COUNTY MEDICAL ASSOCIATION |
| Affiliation | FLORIDA MEDICAL ASSOCIATION |

Practitioner Profile

LEONARD FRONTON DO

LICENSE NUMBER: OS1651

Profession: **OSTEOPATHIC PHYSICIAN**

Year Began Practicing: 7/1/1967

Expiration Date: 3/31/2008

Status: **CLEAR/ACTIVE****Primary Practice Address**

LEONARD FRONTON DO
2100 SW 10TH STREET
DEERFIELD BEACH, FL 33442

Secondary Address(es)

No secondary address available.

Medicaid

This practitioner does participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

| | |
|-------------------------|--------------------------|
| Institution Name | CLEVELAND CLINIC FLORIDA |
|-------------------------|--------------------------|

City FT LAUDERDALE

State FLORIDA

E-Mail Address

Please contact at: Not Provided

Other State Licensure

This practitioner has indicated the following additional state licensure:

State PENNSYLVANIA

Profession OSTEOPATHIC MEDICINE AND SURGERY

State NEW JERSEY/USA

Profession OSTEOPATHIC MEDICINE AND SURGERY

State CALIFORNIA/USA

Profession OSTEOPATHIC MEDICINE AND SURGERY

State PENNSYLVANIA/USA

Profession REGISTERED PHARMACIST LICENSE

Education and Training

| | |
|----------------------------|--------------------------------|
| Institution Name | THE COLLEGE OF OSTEOPATHIC MED |
| Dates of Attendance | 9/1/1962-6/11/1966 |
| Graduation Date | 6/11/1966 |
| Degree Title | DO |

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

| | |
|----------------------------|--|
| School/University | PHILADELPHIA COLLEGE OF PHARMACY AND SCIENCE |
| City | PHILADELPHIA |
| State/Country | PENNSYLVANIA |
| Dates Attended From | 9/1/1956 |
| Dates Attended To | 6/13/1960 |
| Degree Title | B.S.P. BACHLOR OF SCIENCE IN PHARMACY |

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

| | |
|-----------------------------|----------------------------|
| Program Name | FLINT OSTEOPATHIC HOSPITAL |
| Program Type | INTERNSHIP |
| Specialty Area | TY - TRANSITIONAL YEAR |
| Other Specialty Area | |
| City | FLINT |
| State or Country | MICHIGAN |
| Dates Attended From | 07/01/1966 |
| Dates Attended To | 06/30/1967 |

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

| | |
|------------------------|--|
| Specialty Board | AMERICAN OSTEOPATHIC BOARD OF FAMILY PHY |
|------------------------|--|

Certification**FAMILY PRACTICE****Financial Responsibility**

I have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000, from an authorized insurer as defined under s.624.09 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public.

This practitioner has indicated that he/she has NO criminal offenses.

Information provided has been verified through a criminal records check as of 1/17/2007 1:00:18 AM.

Final Disciplinary Actions (Within last 10 years)

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Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

Affiliation AMERICAN OSTEOPATHIC ASSOCIATION

Affiliation FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Affiliation PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION

